



2018 MAINE

**Behavioral Risk Factor Surveillance System
Questionnaire**

Paths 11(A) and 12(B) combined
12/22/2017

Behavioral Risk Factor Surveillance System 2018 Questionnaire

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Interviewer's Script Landline –

Form Approved
OMB No. 0920-1061
Exp. Date 3/31/2021

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

LL.1 HELLO, I am calling for the (health department). My name is (name). We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number) ?

1. Yes
2. No

[CATI /INTERVIEWER NOTE: IF NO: Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. CATI NOTE: STOP OR REDIAL]

PVTRES

LL.2 Is this a private residence?

READ ONLY IF NECESSARY: BY PRIVATE RESIDENCE, WE MEAN SOMEPLACE LIKE A HOUSE OR APARTMENT.

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

1. Yes [GO TO STATE OF RESIDENCE]
2. No [GO TO COLLEGE HOUSING]
3. No , this is a business

[CATI/INTERVIEWER NOTE: IF NO, BUSINESS PHONE ONLY: THANK YOU VERY MUCH BUT WE ARE ONLY INTERVIEWING PERSONS ON RESIDENTIAL PHONES LINES AT THIS TIME.STOP]

College Housing

LL.3 Do you live in college housing?

2018 BRFSS Questionnaire

Read only if necessary: **By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.**

1. Yes [GO TO STATE OF RESIDENCE]
2. No

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME. STOP]

State of Residence

LL4. Do you currently live in _____(state)_____?

1. Yes [GO TO CELLULAR]
2. No [CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN [] STATE AT THIS TIME. STOP]

Cellular Phone

LL.5 **Is this a cell telephone?**

INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES).

READ ONLY IF NECESSARY: **BY CELL TELEPHONE WE MEAN A TELEPHONE THAT IS MOBILE AND USABLE OUTSIDE OF YOUR NEIGHBORHOOD.**

- 1 Yes
- 2 No

[CATI/INTERVIEWER NOTE: IF YES: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LAND LINE TELEPHONES FOR PRIVATE RESIDENCES OR COLLEGE HOUSING. STOP]

[CATI NOTE: IF COLLEGE HOUSING = YES, CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]

Adult

LL.6 **Are you 18 years of age or older?**

- 1 Yes, respondent is male [GO TO NEXT SECTION]
- 2 Yes, respondent is female [GO TO NEXT SECTION]
- 3 No

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]

Adult Random Selection

I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

LL.7 __ Number of adults
If 1: **Are you the adult?**

If yes,:

Then you are the person I need to speak with. (Enter 1 man or 1 woman below)

INTERVIEWER NOTE: GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION.

[GO TO THE CORRECT RESPONDENT]

[CATI/INTERVIEWER NOTE: IF NO,: IS THE ADULT A MAN OR A WOMAN? ENTER 1 MAN OR 1 WOMAN BELOW. MAY I SPEAK WITH [FILL IN (HIM/HER) FROM PREVIOUS QUESTION]?]

[GO TO CORRECT RESPONDENT BEFORE SECTION 1]

LL.8 How many of these adults are men?

___ Number of men

LL.9 So the number of women in the household is ___

___ Number of women

Is that correct?

INTERVIEWER NOTE: CONFIRM NUMBER OF ADULT WOMEN OR CLARIFY THE TOTAL NUMBER OF ADULTS IN THE HOUSEHOLD.

The person in your household that I need to speak with is _____.

If you, [GO TO CORRECT RESPONDENT BEFORE SECTION 1]

Interviewer's Script Cell Phone

Form Approved

OMB No. 0920-1061

Exp. Date 3/31/2021

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NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

HELLO, I am calling for the (health department) . My name is (name) . We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

CP.1 Is this a safe time to talk with you?

1. Yes **[GOTO PHONE]**
2. No

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME. ([SET APPOINTMENT IF POSSIBLE]) STOP]

Phone

CP.2 Is this (phone number) ?

1. Yes **[GO TO CELLULAR PHONE]**
2. No **INTERVIEWER NOTE: CONFIRM TELEPHONE NUMBER**

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT I SEEM TO HAVE DIALED THE WRONG NUMBER. IT'S POSSIBLE THAT YOUR NUMBER MAY BE CALLED AT A LATER TIME. STOP]

Cellular Phone

CP.3 Is this a cell telephone?

Read only if necessary: **By cell telephone, we mean a telephone that is mobile and usable outside of your neighborhood.**

1. Yes **[GO TO ADULT]**
2. No

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING CELL TELEPHONES AT THIS TIME. STOP]

Adult

CP.4 Are you 18 years of age or older?

- 1. Yes, respondent is male [GO TO PRIVATE RESIDENCE]
- 2. Yes, respondent is female [GO TO PRIVATE RESIDENCE]
- 3. No

[CATI/INTERVIEWER NOTE: IF NO, THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]

INTERVIEWER NOTE: GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION.

Private Residence

CP.5 Do you live in a private residence?

Read only if necessary: **By private residence, we mean someplace like a house or apartment.**

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

- 1. Yes [GO TO STATE OF RESIDENCE]
- 2. No [GO TO COLLEGE HOUSING]

College Housing

CP.6 Do you live in college housing?

Read only if necessary: **By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.**

- 1. Yes [GO TO STATE OF RESIDENCE]
- 2. No

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME. STOP]

State of Residence

CP.7 Do you currently live in _____ (state) _____?

- 1. Yes [GO TO LANDLINE]
- 2. No [GO TO STATE]

State

CP.8 In what state do you currently live?

_____ ENTER FIPS STATE

Landline

CP. 9 Do you also have a landline telephone in your home that is used to make and receive calls?

Read only if necessary: **By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.**

INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES.).

1. Yes
2. No

[CAT/INTERVIEWER NOTE: IF COLLEGE HOUSING = YES, DO NOT ASK NUMBER OF ADULTS QUESTIONS, GO TO CORE.]

NUMADULT

CP.10 How many members of your household, including yourself, are 18 years of age or older?

- ___ Number of adults
- 77 Don't know/Not Sure
- 99 Refused

[CAT/INTERVIEWER NOTE: IF COLLEGE HOUSING = YES THEN NUMBER OF ADULTS IS AUTOMATICALLY SET TO 1.]

Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any personal information that you provide will not be used to identify you. If you have any questions about the survey, please call **(give appropriate state telephone number)**.

Core 1: Health Status

1.1 Would you say that in general your health is—

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Core 2: Healthy Days — Health-Related Quality of Life

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

- — Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- — Number of days
- 8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to next Section]**
- 7 7 Don't know / Not sure
- 9 9 Refused

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

- — Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Core 03: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?

- 1 Yes **(GO TO M03.01)**
- 2 No **(CONTINUE)**
- 7 Don't know / Not sure **(CONTINUE)**
- 9 Refused **(CONTINUE)**

3.2 Do you have one person you think of as your personal doctor or health care provider?

If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CATI NOTE: GO TO M03.03

3.4 About how long has it been since you last visited a doctor for a routine checkup?

Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

Read IF NECESSARY:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

CATI NOTE: IF C03.01 =1 YES, GO TO M03.04. IF C03.01- 2,7,OR 9 GO TO M03.04A. ELSE GO TO NEXT SECTION.

Module 3: Health Care Access (See note below)

ALL questions Module 3 are on Path 11. Only question ME03.02 on 12.

You will be asking ME03.01 IF Core 3.01 answer is 1 (YES)

ME03.01 Do you have Medicare?

(READ IF NECESSARY: Medicare is a coverage plan for people 65 or over and for certain disabled people.)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

ME03.02 What is the primary source of your health care coverage? Is it...

Please Read

- 1 A plan purchased through an employer or union **[includes plans purchased through another person's employer]**
- 2 A plan that you or another family member buys on your own
- 3 Medicare
- 4 Medicaid or other state program
- 5 TRICARE (formerly CHAMPUS), VA, or Military
- 6 Alaska Native, Indian Health Service, Tribal Health Services
- 9 Commonwealth Care

Or

- 7 Some other source

Do not read:

- 77 Don't know/Not sure
- 08 None (no coverage)
- 99 Refused

INTERVIEWER NOTE: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (Maine Health Care Exchange), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid. If purchased on their own (or by a family member), select 02, if Medicaid select 04.

CATI – GO TO C03.02.

ME03.03 Other than cost, have you delayed getting medical care for one of the following reasons in the past 12 months? Was it because.....

(INTERVIEWER NOTE: If respondent provides more than one reason, say: "Which was the most important reason you delayed getting care?")

Read:

- 1 You couldn't get through on the telephone.
- 2 You couldn't get an appointment soon enough.
- 3 Once you got there, you had to wait too long to see the doctor.
- 4 The clinic or doctor's office wasn't open when you got there.
- 5 You didn't have transportation.

Do not read:

- 6 Other _____ (specify)

- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't know/Not sure
- 9 Refused

CATI NOTE: Go to C03.04

M03.04 In the past 12 months was there any time when you did not have any health insurance or coverage?

- 1 Yes
- 2 No
- 7 Don't know/ not sure
- 9 Refused

CATI NOTE: If C03.01 = 2, 7, or 9 continue, else Go to M03.05

M03.04a About how long has it been since you last had health care coverage?

Read if necessary:

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years
- 5 Never

Do not read:

- 7 Don't know/Not sure
- 9 Refused

M03.05 How many times have you been to a doctor, nurse, or other health professional in the past 12 months?

- __ Number of times [76 = 76 or more]
- 88 None
- 77 Don't know / Not sure
- 99 Refused

M03.06 Not including over the counter (OTC) medications, was there a time in the past 12 months when you did not take your medication as prescribed because of cost?

- 1 Yes
- 2 No
- 3 No medication was prescribed
- 7 Don't know/ not sure
- 9 Refused

M03.07 In general, how satisfied are you with the health care you received? Would you say—

Read:

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not at all satisfied

Do not read:

- 8 Not applicable
- 7 Don't know/Not sure

9 Refused

M03.08 Do you currently have any health care bills that are being paid off over time?

1 Yes
2 No
7 Don't know/ not sure
9 Refused

READ IF NECESSARY: This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

READ IF NECESSARY: Health care bills can include medical, dental, physical therapy and/or chiropractic cost.

Core 4: Exercise

4.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

Core Section 5: Inadequate Sleep

5.1 On average, how many hours of sleep do you get in a 24-hour period?

INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

-- Number of hours [01-24]
7 7 Don't know / Not sure
9 9 Refused

Core Section 6: Chronic Health Conditions

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

6.1 (Ever told) you that you had a heart attack also called a myocardial infarction?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

6.2 (Ever told) you had angina or coronary heart disease?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.3 (Ever told) you had a stroke?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.4 (Ever told) you had asthma?

- 1 Yes
- 2 No [Go to Q6.6]
- 7 Don't know / Not sure [Go to Q6.6]
- 9 Refused [Go to Q6.6]

6.5 Do you still have asthma?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.6 (Ever told) you had skin cancer?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.7 (Ever told) you had any other types of cancer?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.8 (Ever told) you have Chronic Obstructive Pulmonary Disease (C.O.P.D.), emphysema or chronic bronchitis?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

6.10 (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.11 Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.12 (Ever told) you have diabetes?

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

If respondent says pre-diabetes or borderline diabetes, use response code 4.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

CATI NOTE: If Q6.12 = 1 (Yes), go to next question. If any other response to Q6.12, go to Pre-Diabetes Optional Module. Otherwise, go to next Section.

6.13 How old were you when you were told you have diabetes?

__	Code age in years [97 = 97 and older]
9 8	Don't know / Not sure
9 9	Refused

CATI NOTE: Go to Diabetes Optional Module 2.

Module 1: Pre-Diabetes (Both Path 11 & Path 12)

NOTE: Only asked of those NOT responding "Yes" (code = 1) to Core Q6.12 (Diabetes awareness question).

M01.1. Have you had a test for high blood sugar or diabetes within the past three years?

1	Yes
2	No
7	Don't know / Not sure
9	Refused

CATI note: If Core Q6.12 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 "Yes" (code = 1).

M01.2 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

1	Yes
2	Yes, during pregnancy
3	No
7	Don't know / Not sure
9	Refused

Module 2: Diabetes (Both Path 11 & Path 12)

CATI note: To be asked following Core Q6.13; if response to Q6.12 is "Yes" (code = 1)

M02.1. Are you now taking insulin?

1	Yes
2	No
9	Refused

M02.2 About how often do you check your blood for glucose or sugar?

INTERVIEWER NOTE: Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

1	__	Times per day
2	__	Times per week
3	__	Times per month
4	__	Times per year
8	8 8	Never

7 7 7 Don't know / Not sure
9 9 9 Refused

Interviewer Note: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

M02.3 Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?

1 _ _ Times per day
2 _ _ Times per week
3 _ _ Times per month
4 _ _ Times per year
5 5 5 No feet
8 8 8 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

M02.4 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

_ _ Number of times [76 = 76 or more]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

M02.5 About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?

Interviewer note: A test for A one C measures the average level of blood sugar over the past three months.

_ _ Number of times [76 = 76 or more]
8 8 None
9 8 Never heard of "A one C" test
7 7 Don't know / Not sure
9 9 Refused

CATI note: If Q3 = 555 (No feet), go to QM02.7.

M02.6. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

_ _ Number of times [76 = 76 or more]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

M02.7. When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

Read only if necessary:

1 Within the past month (anytime less than 1 month ago)

- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

M02.8. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

M02.9. Have you ever taken a course or class in how to manage your diabetes yourself?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Core 7: Oral Health

C07.1 Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

C07.2 Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease? .

NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

Read if necessary:

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None

- Do not read:**
 7 Don't know / Not sure
 9 Refused

Core Section 8: Demographics Q1

8.1 What was your sex at birth? Was it.....

- 1 Male
 2 Female

DO NOT READ

- 7 Don't know/Not Sure
 9 Refused

State Added Section 1: Gender Identity Q1-2 (Both Paths 11 and 12)

ME01Q01. I'll read a list of terms people sometimes use to describe their gender identity. Please tell me which number best describes how you think of yourself.

1. MALE
2. FEMALE
3. TRANSGENDER
4. DO NOT IDENTIFY AS FEMALE, MALE OR TRANSGENDER
7. DON'T KNOW/NOT SURE
9. REFUSED

**INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE.
 RESPONDENTS CAN ANSWER WITH EITHER THE NUMBER OR TEXT WORD.
 INTERVIEWER NOTE: IF ASKED ABOUT DEFINITION OF TRANSGENDER, SAY:**

“Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.”

State Added Section 2: Sexual Orientation and Gender Identity (SOGI) (Both Paths 11 & Path 12)

ME02Q01. Now I'll read a list of terms people sometimes used to describe themselves – heterosexual or straight; homosexual (gay or lesbian) and bisexual. As I read the list again, please stop me when I get to the term that best describes how you think of yourself.

PLEASE READ

1. HETEROSEXUAL OR STRAIGHT
2. HOMOSEXUAL (GAY OR LESBIAN)
3. BISEXUAL
4. OTHER
7. DON'T KNOW/NOT SURE
9. REFUSED

INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE. RESPONDENTS CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT/WORD.

Core Section 8: Demographics Q2 - 26

8.2 What is your age?

__ __ Code age in years
0 7 Don't know / Not sure
0 9 Refused

8.3 Are you Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are you...

INTERVIEWER NOTE: *One or more categories may be selected.*

1 Mexican, Mexican American, Chicano/a
2 Puerto Rican
3 Cuban
4 Another Hispanic, Latino/a, or Spanish origin

Do not read:

5 No
7 Don't know / Not sure
9 Refused

8.4 Which one or more of the following would you say is your race?

INTERVIEWER NOTE: Select all that apply.

INTERVIEWER NOTE: 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

Please read:

10 White
20 Black or African American
30 American Indian or Alaska Native
40 Asian

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

50 Pacific Islander

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

CATI NOTE: If more than one response to Q8.4; continue. Otherwise, go to Q8.6.

8.5 Which one of these groups would you say best represents your race?

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory underneath major heading.

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

50 Pacific Islander

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

- 60 Other
- 77 Don't know / Not sure

99 Refused

8.6 Are you...?

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

8.7 What is the highest grade or year of school you completed?

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

Do not read:

- 9 Refused

8.8 Do you own or rent your home?

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.

NOTE: Home is defined as the place where you live most of the time/the majority of the year.

INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.

8.9 In what county do you currently live?

- — — ANSI County Code (formerly FIPS county code)
- 7 7 7 Don't know / Not sure

9 9 9 Refused

8.10 What is the ZIP Code where you currently live?

— — — —	ZIP Code
7 7 7 7 7	Don't know / Not sure
9 9 9 9 9	Refused

CATI NOTE: If cellular telephone interview, skip to 8.14)

8.11 Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household? .

1	Yes	
2	No	[Go to Q8.13]
7	Don't know / Not sure	[Go to Q8.13]
9	Refused	[Go to Q8.13]

8.12 How many of these telephone numbers are residential numbers?

—	Residential telephone numbers [6 = 6 or more]
7	Don't know / Not sure
9	Refused

8.13 How many cell phones do you have for personal use?

Read if necessary: Include cell phones used for both business and personal use.

—	Enter number (1-5)
6	Six or more
7	Don't know / Not sure
8	None
9	Refused

8.14 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

1	Yes
2	No
7	Don't know / Not sure
9	Refused

8.15 Are you currently...?

INTERVIEWER NOTE: If more than one, say "select the category which best describes you."

Please read:

1	Employed for wages
2	Self-employed

- 3 Out of work for 1 year or more
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

Or

- 8 Unable to work

Do not read:

- 9 Refused

8.16 How many children less than 18 years of age live in your household?
 — — Number of children
 8 8 None
 9 9 Refused

8.17 Is your annual household income from all sources—

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

0 4 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
 (\$20,000 to less than \$25,000)

0 3 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
 (\$15,000 to less than \$20,000)

0 2 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
 (\$10,000 to less than \$15,000)

0 1 Less than \$10,000 **If "no," code 02**

0 5 Less than \$35,000 **If "no," ask 06**
 (\$25,000 to less than \$35,000)

0 6 Less than \$50,000 **If "no," ask 07**
 (\$35,000 to less than \$50,000)

0 7 Less than \$75,000 **If "no," code 08**
 (\$50,000 to less than \$75,000)

0 8 \$75,000 or more

Do not read:

7 7 Don't know / Not sure

9 9 Refused

8.18 About how much do you weigh without shoes?
NOTE: If respondent answers in metrics, put "9" in column XXX.

Round fractions UP

— — — — Weight
 (*pounds/kilograms*)
 7 7 7 7 Don't know / Not sure
 9 9 9 9 Refused

8.19 About how tall are you without shoes?

NOTE: If respondent answers in metrics, put “9” in column XXX.

Round fractions UP

__ / __ Height
(f t / inches/meters/centimeters)
7 7 / 7 7 Don't know / Not sure
9 9 / 9 9 Refused

If male, go to **8.21**, if female respondent is **49** years old or older, go to **Q8.21**

8.20 To your knowledge, are you now pregnant?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

8.21 Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.
Are you deaf or do you have serious difficulty hearing?

1 Yes
2 No
7 Don't know / Not Sure
9 Refused

8.22 Are you blind or do you have serious difficulty seeing, even when wearing glasses?

1 Yes
2 No
7 Don't know / Not Sure
9 Refused

8.23 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

8.24 Do you have serious difficulty walking or climbing stairs?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

8.25 Do you have difficulty dressing or bathing?

1 Yes
2 No
7 Don't know / Not sure

9 Refused

8.26 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Core Section 9: Tobacco Use

9.1 Have you smoked at least 100 cigarettes in your entire life?

INTERVIEWER NOTE: "For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana."

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.2 Do you now smoke cigarettes every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q9.4]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1 Yes [Go to Q9.5]
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.4 How long has it been since you last smoked a cigarette, even one or two puffs?

Read if necessary:

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more

Do not read:

- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

9.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

Snus (rhymes with 'goose')

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

- 1 Every day
- 2 Some days
- 3 Not at all

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Module 6: E-Cigarettes (Path 12)

M06.01. Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

INTERVIEWER NOTE: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

READ IF NECESSARY: Electronic cigarettes (e-cigarettes) and other electronic "vaping" products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

- | | | |
|---|-----------------------|---------------------------|
| 1 | Yes | |
| 2 | No | GO TO NEXT SECTION |
| 7 | Don't know / Not sure | GO TO NEXT SECTION |
| 9 | Refused | GO TO NEXT SECTION |

M06.02 Do you now use e-cigarettes or other electronic "vaping" products every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

State Added Section 09: Other Tobacco Products (Path 12 ONLY)

ME09Q01 Now I would like to ask you some questions about using other kinds of tobacco. Do you now smoke regular cigars or cigarillos 'every day,' 'some days,' or 'not at all'?

INTERVIEWER NOTE: REGULAR MEANS NOT FLAVORED OR NOT CIGARETTE SIZED.

Read if necessary

- 1. EVERY DAY
- 2. SOME DAYS

3. NOT AT ALL
7. DON'T KNOW/NOT SURE
9. REFUSED

ME09Q02 Do you smoke little cigars that look like cigarettes every day, some days or not at all?

READ IF NECESSARY

1. EVERY DAY
2. SOME DAYS
3. NOT AT ALL
7. DON'T KNOW/NOT SURE
9. REFUSED

State Added Section 10: E-Cigarettes (Path 12) ONLY

CATI NOTE: ASK IF M06Q01 = 1

ME10Q01 Why did you start to use e-cigs?

1. TRY SOMETHING NEW
 2. TO QUIT SMOKING
 3. FRIENDS (INTRODUCED, PRESSURED, RECOMMENDED)
 4. HEALTH (IMPROVIE, LESS HARMFUL)
 5. TO BE ABLE TO SMOKE IN PLACES WHERE CIGARETTE SMOKING IS NOT ALLOWED
(RESTAURANTS, BARS OF OTHER PUBLIC PLACES)
 8. **OTHER**
 7. DON'T KNOW/NOT SURE
 9. REFUSED
-

CATI NOTE: ASK IF (C09Q02 > 0 AND C09Q02 < 3) OR ME09Q01 < 3 OR ME09Q02 < 3) OR C09Q05 < 3) AND M06Q01 = 1

ME10Q02 Do you or did you use e-cigs the same, more or less frequently than other tobacco products?

INTERVIEWER NOTE: Use is 10 minutes or 10-20 puffs at a time.

Read if necessary

1. SAME
 2. MORE
 3. LESS
 7. DON'T KNOW/NOT SURE
 9. REFUSED
-

CATI NOTE: ASK IF ME06Q02 < 3

ME10Q03 Have you stopped using other tobacco products completely?

1. YES
 2. NO
 3. NEVER USE OTHER TOBACCO PRODUCTS
 7. DON'T KNOW/NOT SURE
 9. REFUSED
-

CATI NOTE: ASK IF M06Q01 = 1

ME10Q04 Do you believe e-cigs have the same, more or less nicotine than regular cigarettes?

1. SAME
 2. MORE
 3. LESS
 7. DON'T KNOW/NOT SURE
 9. REFUSED
-

CATI NOTE: ASK IF M06Q01 = 1

ME10Q05 Will you continue to use e-cigs or plan to use e-cigs in the future?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Core Section 10: Alcohol Consumption

10.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- | | | |
|-------|---------------------------|-----------------------------|
| 1 _ _ | Days per week | |
| 2 _ _ | Days in past 30 days | |
| 8 8 8 | No drinks in past 30 days | [Go to next Section] |
| 7 7 7 | Don't know / Not sure | [Go to next Section] |
| 9 9 9 | Refused | [Go to next Section] |

10.2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

READ IF NECESSARY: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

- | | |
|-----|-----------------------|
| _ _ | Number of drinks |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

10.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI X = 5 for men, X = 4 for women]** or more drinks on an occasion?

- | | |
|-----|-----------------------|
| _ _ | Number of times |
| 8 8 | None |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

10.4 During the past 30 days, what is the largest number of drinks you had on any occasion?

- __ __ Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

Core Section 11: Immunization

- 11.1** During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

- 1 Yes
- 2 No [Go to Q11.4]
- 7 Don't know / Not sure [Go to Q11.4]
- 9 Refused [Go to Q11.4]

- 11.2** During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

- __ / __ __ __ Month / Year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

- 11.3** At what kind of place did you get your last flu shot/vaccine?

(READ IF NECESSARY: How would you describe the place where you went to get your most recent flu vaccine?)

READ ONLY IF NECESSARY:

- 0 1 A doctor's office or health maintenance organization (HMO)
- 0 2 A health department
- 0 3 Another type of clinic or health center (Example: a community health center)
- 0 4 A senior, recreation, or community center
- 0 5 A store (Examples: supermarket, drug store)
- 0 6 A hospital (Example: inpatient)
- 0 7 An emergency room
- 0 8 Workplace
- 0 9 Some other kind of place
- 1 1 A school

Do not read:

- 1 0 Received vaccination in Canada or Mexico
- 7 7 Don't know / Not sure (Probe: "How would you describe the place where you went to get your most recent flu vaccine?")
- 9 9 Refused

- 11.4** Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

INTERVIEWER NOTE: IF RESPONDENT IS CONFUSED READ: THERE ARE TWO TYPES OF PNEUMONIA SHOTS: POLYSACCHARIDE, ALSO KNOWN AS PNEUMOVAX, AND CONJUGATE, ALSO KNOWN AS PREVNAR.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Core Section 12: Falls

If respondent is 45 years of age or older continue, otherwise go to next Section.

12.1 In the past 12 months, how many times have you fallen?

- Number of times [76 = 76 or more]
- 8 8 None [Go to next Section]
- 7 7 Don't know / Not sure [Go to next Section]
- 9 9 Refused [Go to next Section]

INTERVIEWER NOTE: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

12.2 [Fill in "Did this fall (from Q12.1) cause an injury that limited your regular activities for at least a day?"]. If only one fall from Q12.1 and response is "Yes" (caused an injury); code 01. If response is "No," code 88.

How many of these falls caused an injury that limited your regular activities for at least a day?

- Number of falls [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Core Section 13: Seatbelt Use and Drinking and Driving

13.1 How often do you use seat belts when you drive or ride in a car? Would you say—

Please read:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

Do not read:

- 7 Don't know / Not sure

- 8 Never drive or ride in a car
- 9 Refused

CATI note: If Q13.1 = 8 (Never drive or ride in a car), go to next Section; otherwise continue.

CATI note: If Q10.1 = 888 (No drinks in the past 30 days); go to next Section.

13.2 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

- – Number of times
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Core Section 14: Breast and Cervical Cancer Screening

CATI NOTE: If male go to the next Section.

The next questions are about breast and cervical cancer.

14.1 Have you ever had a mammogram?

INTERVIEWER NOTE: A mammogram is an x-ray of each breast to look for breast cancer.

- 1 Yes
- 2 No **[Go to Q14.3]**
- 7 Don't know / Not sure **[Go to Q14.3]**
- 9 Refused **[Go to Q14.3]**

14.2 How long has it been since you had your last mammogram?

READ IF NECESSARY:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

14.3 Have you ever had a Pap test?

INTERVIEWER NOTE: A Pap test is a test for cancer of the cervix.

- 1 Yes
- 2 No **[Go to Q14.5]**
- 7 Don't know / Not sure **[Go to Q14.5]**
- 9 Refused **[Go to Q14.5]**

14.4 How long has it been since you had your last Pap test?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

14.5 An H.P.V. (Human papillomavirus (pap-uh-loh-muh virus) test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?

- 1 Yes
- 2 No **[Go to Q14.7]**
- 7 Don't know/Not sure **[Go to Q14.7]**
- 9 Refused **[Go to Q14.7]**

14.6 How long has it been since you had your last H.P.V. test?

- 1 Within the past year (anytime less than 12 months ago)
 - 2 Within the past 2 years (1 year but less than 2 years ago)
 - 3 Within the past 3 years (2 years but less than 3 years ago)
 - 4 Within the past 5 years (3 years but less than 5 years ago)
 - 5 5 or more years ago
 - 7 Don't know / Not sure
 - 9 Refused
-

CATI NOTE: If response to Core Q8.20 = 1 (is pregnant); then go to next Section.

14.7 Have you had a hysterectomy?

INTERVIEWER NOTE: A hysterectomy is an operation to remove the uterus (womb).

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Core Section 15: Prostate Cancer Screening

CATI note: If respondent is ≤ 39 years of age, or is female, go to next Section.

15.1 Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the P.S.A. test?

INTERVIEWER NOTE: A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer.

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

15.2 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test?

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

15.3 Has a doctor, nurse, or other health professional EVER recommended that you have a P.S.A .test?

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

15.4. Have you EVER HAD a P.S.A. test?

- 1 Yes
- 2 No [Go to next Section]
- 7 Don't Know / Not sure [Go to next Section]
- 9 Refused [Go to next Section]

15.5. How long has it been since you had your last P.S.A. test?

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

15.6. What was the MAIN reason you had this P.S.A. test – was it ...?

Please read:

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Core Section 16: Colorectal Cancer Screening

CATI note: If respondent is \leq 49 years of age, go to next Section.

16.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

- 1 Yes
- 2 No [Go to Q16.3]
- 7 Don't know / Not sure [Go to Q16.3]
- 9 Refused [Go to Q16.3]

16.2 How long has it been since you had your last blood stool test using a home kit?

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

16.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

- 1 Yes
- 2 No [Go to next Section]
- 7 Don't know / Not sure [Go to next Section]
- 9 Refused [Go to next Section]

16.4 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

16.5 How long has it been since you had your last sigmoidoscopy or colonoscopy?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Module 22: Random Child Selection (Both Paths 11 and 12)

CATI NOTE: If Core Q8.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q8.16 = 1, Interviewer please read: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." **[Go to Q1]**

If Core Q8.16 is >1 and Core Q8.16 does not equal 88 or 99, Interviewer please read: "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth."

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the "Xth" child. Please substitute "Xth" child's number in all questions below.

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the "Xth" **[CATI: please fill in correct number]** child in your household. All following questions about children will be about the "Xth" **[CATI: please fill in]** child.

M22.01. What is the birth month and year of the "Xth" child?

- / Code month and year
- 7 7/7 7 7 7 Don't know / Not sure
- 9 9/9 9 9 9 Refused

CATI INSTRUCTION: Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

M22.02. Is the child a boy or a girl?

- 1 Boy
- 2 Girl
- 9 Refused

M22.03. Is the child Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are they...

INTERVIEWER NOTE: *One or more categories may be selected*

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

Do not read:

- 5 No
- 7 Don't know / Not sure
- 9 Refused

M22.04. Which one or more of the following would you say is the race of the child?

(Select all that apply)

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

- 50 Pacific Islander**

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

- 60 Other
- 77 Don't know / Not sure
- 99 Refused

[CATI NOTE: IF MORE THAN ONE RESPONSE TO Q4; CONTINUE. OTHERWISE, GO TO Q6.]

M22.05. Which one of these groups would you say best represents the child's race?

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander**
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Do not read:

- 60 Other
- 77 Don't know / Not sure
- 99 Refused

M22.06. How are you related to the child?

Please read:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Module 23: Childhood Asthma Prevalence (Both Paths 11 & 12)

CATI NOTE: If response to Core Q8.16 = 88 (None) or 99 (Refused), go to next module.

The next two questions are about the "Xth" **[CATI: please fill in correct number]** child.

M23.01. Has a doctor, nurse or other health professional EVER said that the child has asthma?

- 1 Yes
- 2 No [Go to next module]
- 7 Don't know / Not sure [Go to next module]
- 9 Refused [Go to next module]

M23.02. Does the child still have asthma?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Asthma Call-Back Permission Script

We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in **Maine**. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future.

CB01.01 Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No

CATI: Which person in the household was selected as the focus of the asthma call-back?

- 1 Adult
- 2 Child

CB01.02. Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?

_____ Enter first name or initials.

Module 4: Cognitive Decline (PATH 11)

If respondent is 45 or older, continue. Else go to next section.

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

M04.01 During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

- 1 Yes (**Go to M04.02**)
- 2 No (**Go to next section**)
- 7 Don't know / Not sure (**Go to M04.02**)
- 9 Refused (**Go to next section**)

M04.02 During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is...

Read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

- 7 Don't know/Not sure
- 9 Refused

M04.03 As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is...

Read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely (**Go to M04.05**)
- 5 Never (**Go to M04.05**)

Do not read:

- 7 Don't know/Not sure
- 9 Refused

M04.04 When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is...

Read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

- 7 Don't know/Not sure
- 9 Refused

M04.05 During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is...

Read:

- 1 Always

- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

- 7 Don't know/Not sure
- 9 Refused

M04.06 Have you or anyone else discussed your confusion or memory loss with a health care professional?

- 1 Yes
- 2 No
- 7 Don't know/ not sure
- 9 Refused

Module 13: Lung Cancer Screening (Path 12)

CATI NOTE: If C09.01=1 (yes) and C09.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to question M13.04.

M13.01 You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.

How old were you when you first started to smoke cigarettes regularly?

INTERVIEWER NOTE: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent.

- ___ Age in Years (001 – 100)
- 777 Don't know/Not sure
- 999 Refused

888 Never smoked cigarettes regularly (**Go to M13.04**)

M13.02 How old were you when you last smoked cigarettes regularly?

- ___ Age in Years (001 – 100)
- 777 Don't know/Not sure
- 999 Refused

M13.03 On average, when you {smoke/smoked} regularly, about how many cigarettes {do/did} you usually smoke each day?

INTERVIEWER NOTE: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all). Respondents may answer in packs instead of number of cigarettes. Below is a conversion table: 0.5 pack = 10 cigarettes/ 1.75 pack = 35 cigarettes/ 0.75 pack = 15 cigarettes/ 2 packs = 40 cigarettes/ 1 pack = 20 cigarettes/ 2.5 packs= 50 cigarettes/ 1.25 pack = 25 cigarettes/ 3 packs= 60 cigarettes/ 1.5 pack = 30 cigarettes

- ___ Number of cigarettes
- 777 Don't know/Not sure

999 Refused

M13.04 The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan?

Read if necessary:

- 1 Yes, to check for lung cancer
- 2 No (did not have a CT scan)
- 3 Had a CT scan, but for some other reason

Do not read:

- 7 Don't know/not sure
- 9 Refused

State Added Section 04: Cardiovascular Health (see below

Q1 and 2 asked of BOTH Paths 11 and 12. Remaining questions of Path 11 ONLY

I would like to ask you a few more questions about your cardiovascular or heart health.

[CATI NOTE: IF CORE Q6.1 = 1 (YES), ASK Q1. IF CORE Q6.1 = 2, 7, OR 9 (NO, DON'T KNOW, OR REFUSED), SKIP Q1.]

ME04Q01 Following your heart attack, did you go to any kind of outpatient rehabilitation? (This is sometimes called "rehab.")

1. YES
2. NO
7. DON'T KNOW/ NOT SURE
9. REFUSED

[CATI NOTE: IF CORE Q6.3 = 1 (YES), ASK Q2. IF CORE Q6.3 = 2, 7, OR 9 (NO, DON'T KNOW, OR REFUSED), SKIP Q2.]

ME04Q02 Following your stroke, did you go to any kind of outpatient rehabilitation? (This is sometimes called "rehab.")

1. YES
2. NO
7. DON'T KNOW/ NOT SURE
9. REFUSED

ME04Q03 Do you take aspirin daily or every other day?

INTERVIEWER NOTE: Aspirin can be prescribed by a health care provider or obtained as an over the counter (OTC) medication.

1. YES (**Go to ME04Q05**)
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

ME04Q04 Do you have a health problem or condition that makes taking aspirin unsafe for you?

If YES, ask "Is this a stomach condition. Code upset stomach as stomach problems.

1. YES, NOT STOMACH RELATED (**GO TO NEXT MODULE**)

- 2. YES, STOMACH PROBLEMS (GO TO NEXT MODULE)
- 3. NO (GO TO NEXT MODULE)
- 7. DON'T KNOW/NOT SURE (GO TO NEXT MODULE)
- 9. REFUSED (GO TO NEXT MODULE)

ME04Q05 Do you take aspirin to relieve pain?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

ME04Q06 Do you take aspirin to reduce the chance of a heart attack?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

ME04Q07 Do you take aspirin to reduce the chance of a stroke?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

State Added Section 05: Mental Health (Path 11 & Path 12)

ME05Q01 Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

- __ 01-14 DAYS
- 88. NONE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

CATI: 14. MAX

ME05Q02 Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

- __ 01-14 DAYS
- 88. NONE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

CATI: 14. MAX

ME05Q03 Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?

- 1. YES
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

ME05Q04 Are you now taking medicine or receiving treatment from a doctor or other healthcare provider for any type of mental health condition or emotional problem?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

State Added Section 06: Substance Abuse Part 1 (Path 11 & Path 12)

ME06Q01 During the past 30 days, on how many days did you use marijuana or hashish?

__ (01-30) NUMBER OF DAYS

- 88. NONE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

ME06Q02 Within the past 30 days on how many days did you use prescription drugs that were either not prescribed to you and/or not used as prescribed in order to get high?

- 1. NEVER USED
- 2. HAVE USED BUT NOT IN THE LAST 30 DAYS
- 3. 1-2 DAYS
- 4. 3-5 DAYS
- 5. 6 OR MORE DAYS
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

State Added Section 07: Sugar Sweetened Beverages (Path 11 ONLY)

ME07Q01 During the past month, how many times per day, week or month did you drink a can, bottle or glass of soda, sports drink, energy drink, or other sugar-sweetened beverage such as Gatorade, Red Bull, lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny D? (Do not count diet soda, other diet drinks, or 100% fruit juice).

101 – 199 PER DAY
201 – 299 PER WEEK
301 – 399 PER MONTH
__ TIMES

- 555. NEVER
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

CATI: 101. MIN 399. MAX

State Added Section 08: Cigarette Use (Path 12 ONLY)

CATI NOTE: Ask if C09Q01 = 1 and C09Q02 = 1

ME08Q01 We have some additional questions on specific health issues we would like to ask you about.

On the average, about how many cigarettes a day do you now smoke?

INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES

___ ENTER NUMBER OF CIGARETTES

777. DON'T KNOW/NOT SURE
999. REFUSED

CATI NOTE: ASK IF C09Q01 = 1 AND C09Q02 = 2

ME08Q02 We have some additional questions on specific health issues we would like to ask you about.

On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke in a day?

INTERVIEWER NOTE: 1 PACK = 20

___ ENTER NUMBER OF CIGARETTES

777. DON'T KNOW/NOT SURE
999. REFUSED

CATI NOTE: ASK IF C09Q01 = 1

ME08Q03 How old were you when you smoked your first cigarette?

___ AGE IN YEARS

777. DON'T KNOW/NOT SURE
999. REFUSED

State Added Section 11: Cessation (Path 12 ONLY)

CATI NOTE: ASK IF (C09Q02 > 0 AND C09Q02 < 3) OR ME09Q01 < 3 OR ME09Q02 < 3 OR C09Q05 < 3 OR M06Q02 < 3

ME11Q01 The next questions are about quitting tobacco use.

Would you like to quit smoking or using other tobacco products?

1. YES
2. NO (**Go to ME11Q04**)
7. DON'T KNOW/NOT SURE (**Go to ME11Q04**)
9. REFUSED (**Go to ME11Q04**)

CATI NOTE: ASK IF ME11Q01 = 1

ME11Q02 Are you seriously considering quitting within the next 6 months?

1. YES

2. NO (**Go to ME11Q04**)
7. DON'T KNOW/NOT SURE
9. REFUSED

CATI NOTE: ASK IF ME11Q01 = 1 AND (ME11Q02 > 0 AND ME11Q02 <= 2)

ME11Q03 Are you planning to stop within the next 30 days?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

CATI NOTE: ASK IF (C09Q02 > 0 AND C09Q02 < 3) OR ME09Q01 < 3 OR ME09Q02 < 3 OR C09Q05 < 3 OR M06Q02 < 3

ME11Q04 Now I'm going to read you a list of products and services that you might have used to help you quit smoking or using other tobacco products. In the last 12 months, have you used...
Self-help materials such as booklets, tapes, or videos?

1. YES
2. NO
3. I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS (**Go to ME11Q10**)
7. DON'T KNOW/NOT SURE
9. REFUSED

CATI NOTE: ASK IF ME11Q04 > 0 AND ME11Q04 <= 3

ME11Q05 In the last 12 months, have you used...

Nicotine replacement medications such as nicotine patches, gum, inhaler or nasal spray?

1. YES
2. NO (**Go to ME11Q07**)
3. I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS (**Go to ME11Q10**)
7. DON'T KNOW/NOT SURE (**Go to ME11Q07**)
9. REFUSED (**Go to ME11Q07**)

CATI NOTE: ASK IF ME11Q05 = 1

ME11Q06 How did you pay for it (nicotine replacement systems)? Would you say...

PLEASE READ

1. YOU PAID FOR IT ON YOUR OWN
 2. INSURANCE PAID FOR SOME OF IT
 3. INSURANCE PAID FOR ALL OF IT
 4. YOU WERE GIVEN THE MEDICATION FREE OF CHARGE
 7. DON'T KNOW/NOT SURE
 9. REFUSED
-

CATI NOTE: ASK IF (ME11Q04 > 0 AND ME11Q04 <> 3) OR (ME11Q05 > 0 AND ME11Q05 <> 3)

ME11Q07 In the last 12 months, have you used...

Non-nicotine medication such as Zyban, Wellbutrin, Chantix, Varenicline or other medication?

INTERVIEWER NOTE: CHANTIX PRONOUNCED "SHAN tix" VARENICLINE PRONOUNCED "ver EN e kleen"

1. YES
 2. NO (**Go to ME11Q09**)
 3. I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS (**Go to ME11Q10**)
 7. DON'T KNOW/NOT SURE (**Go to ME11Q09**)
 9. REFUSED (**Go to ME11Q09**)
-

CATI NOTE: ASK IF ME11Q07 = 1

ME11Q08 How did you pay for it (non-nicotine medication)? Would you say...

INTERVIEWER NOTE: ANY CASH PAYMENT IS CODED AS RESPONSE 1.

1. YOU PAID FOR IT ON YOUR OWN
 2. INSURANCE PAID FOR SOME OF IT
 3. INSURANCE PAID FOR ALL OF IT
 4. YOU WERE GIVEN THE MEDICATION FREE OF CHARGE
 7. DON'T KNOW/NOT SURE
 9. REFUSED
-

CATI NOTE: ASK IF (ME11Q04 > 0 AND ME11Q04 <> 3) OR (ME11Q05 > 0 AND ME11Q05 <> 3) OR (ME11Q07 > 0 AND ME11Q07 <> 3)

ME11Q09 In the last month, have you called the Maine Tobacco HelpLine?

1. YES
 2. NO
 3. I DID NOT TRY TO QUIT SMOKING OR USING TOBACCO PRODUCTS
 7. DON'T KNOW/NOT SURE
 9. REFUSED
-

CATI NOTES: ASK IF (C09Q02 > 0 AND C09Q02 < 3) OR ME09Q01 < 3 OR ME09Q02 < 3 OR C09Q05 < 3 OR M06Q02 < 3

ME11Q10 In the past 12 months, has a dentist or dental hygienist advised you to stop smoking or using other tobacco products?

1. YES
 2. NO
 3. I HAVE NOT SEEN A DENTIST IN THE LAST 12 MONTHS
 7. DON'T KNOW/NOT SURE
 9. REFUSED
-

CATI NOTES: ASK IF (C09Q02 > 0 AND C09Q02 < 3) OR ME09Q01 < 3 OR ME09Q02 < 3 OR C09Q05 < 3 OR M06Q02 < 3

ME11Q11 The next set of questions is about experiences you may have had during a visit to a doctor's office in the last 12 months.

During any such visit, did any health professional...

Advise you to stop smoking or using other tobacco products?

1. YES
2. NO
3. I HAVE NOT VISITED A DOCTOR'S OFFICE IN THE LAST 12 MONTHS (**Go to ME11Q15**)
7. DON'T KNOW/NOT SURE
9. REFUSED

CATI NOTE: ASK IF ME11Q11 > 0 AND ME11Q11 <> 3

ME11Q12 During any such visit, did any health professional...

Spend time talking with you about your use of tobacco products, cigarette smoking, or helping you to prepare for quitting?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

CATI NOTE: ASK IF ME11Q11 > 0 AND ME11Q11 <> 3

ME11Q13 During any such visit, did any health professional...

Give you information about counseling classes or programs, such as the Maine Tobacco HelpLine to help you quit smoking or using other tobacco products?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

CATI NOTE: ASK IF ME11Q11 > 0 AND ME11Q11 <> 3

ME11Q14 During any such visit, did any health professional....

Talk with you about medications to help you stop smoking or using other tobacco products?

INTERVIEWER NOTE: IF CLARIFICATION NEEDED ON "Medications", STATE: "Such as nicotine patch or gum, nicotine inhaler or nasal spray, or medication (Zyban, Wellbutrin, Chantix, or Varenicline)"

INTERVIEWER NOTE: CHANTIX PRONOUNCED "SHAN tix" VARENICLINE PRONOUNCED "ver EN e kleen"

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

ME11Q15 During the past 30 days, have you seen any advertisements on television about help to quit smoking?

1. YES
2. NO (**Go to ME11END**)
7. DON'T KNOW/NOT SURE (**Go to ME11END**)
9. REFUSED (**Go to ME11END**)

CATI NOTE: ASK IF ME11Q15 = 1

ME11Q16 Which ones do you remember?

DO NOT READ

CHECK ALL THAT APPLY

1. HELPLINE (MAINE'S QUITLINE MAY ALSO BE CALLED THE PARTNERSHIP FOR A TOBACCO-FREE MAINE (PTM) HELPLINE OR THE CENTER FOR TOBACCO INDEPENDENCE HELPLINE)
2. QUITNOW (TIPS FROM FORMER SMOKERS – HAS GRAPHIC ADS WITH HEART SURGERY OR THROAT SURGERY)
3. QUITLINK (THE MAINE COMMUNITY OF ONLINE SUPPORT TO QUIT SMOKING, MAY ALSO BE CALLED THE MAINE QUIT SMOKING WEBSITE.)
4. OTHER CESSATION (WHICH COULD INCLUDE NRT ADS, HOSPITAL CESSATION PROGRAMS, ETC.)
5. TOBACCO INDUSTRY AD (WHICH COULD INCLUDE E-CIGARETTES)
7. DON'T KNOW/NOT SURE
9. REFUSED

State Added Section 12: Environmental Tobacco (Path 12 ONLY)

ME12Q01 These next questions ask about the type of building you live in and how long you have lived there.

In what type of living space do you currently reside?

PLEASE READ

1. SINGLE FAMILY HOME
2. DUPLEX
3. DOUBLE OR MULTI-FAMILY HOME
4. CONDOMINIUM
5. TOWNHOUSE
6. APARTMENT BUILDING
7. DON'T KNOW/NOT SURE
9. REFUSED

ME12Q02 How long have you lived in your current residence?

- 101 – 199 NUMBER OF DAYS
201 – 299 NUMBER OF WEEKS
301 – 399 NUMBER OF MONTHS
401 – 499 NUMBER OF YEARS

____ ENTER AMOUNT OF TIME
777. DON'T KNOW/NOT SURE
999. REFUSED

CATI NOTE: 101. MIN 499. MAX

ME12Q03 Do you currently live in public/affordable/subsidized housing or participate in a voucher/low-income housing program (Such as Section 8)?

1. YES
2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

ME12Q04 Now I am going to ask you some questions about second hand cigarette smoke. Do you agree or disagree with the following statement "People should be protected from secondhand smoke"? Would you say...

PLEASE READ

- 1. STRONGLY AGREE
- 2. SOMEWHAT AGREE
- 3. NEITHER AGREE NOR DISAGREE
- 4. SOMEWHAT DISAGREE
- 5. STRONGLY DISAGREE

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

ME12Q05 Other than yourself, how many people living in your household smoke cigarettes, cigars, or pipes?

___ PEOPLE

- 88. NONE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

CATI NOTE: 76. MAX

ME12Q06 On how many of the past 30 days has someone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?

___ DAYS

- 88. NONE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

CATI NOTE: 30. MAX

ME12Q07 Which of the following statements best describes the rules about smoking inside your home?

Please read

- 1. NO ONE IS ALLOWED TO SMOKE ANYWHERE INSIDE YOUR HOME.
 - 2. SMOKING IS NOT ALLOWED IF CHILDREN ARE IN THE HOME.
 - 3. SMOKING IS ALLOWED IN SOME PLACE OR AT SOME TIMES.
 - 4. SMOKING IS PERMITTED ANYWHERE INSIDE YOUR HOME.
 - 7. DON'T KNOW/NOT SURE
 - 9. REFUSED
-

CATI NOTE: ASK IF ME12Q01 > 1 AND ME12Q01 < 7

ME12Q08 Which of the following statements best describes the official smoking policy in your building?

Please read

1. SMOKING IS NOT ALLOWED IN ANY AREAS OF THE BUILDING INCLUDING LIVING UNITS.
2. SMOKING IS NOT ALLOWED IN SHARED AREAS, BUT IS ALLOWED INSIDE LIVING UNITS.
3. SMOKING IS ALLOWED ANYWHERE.
7. DON'T KNOW/NOT SURE
9. REFUSED

ME12Q09 Which of the following statements best describes the rules about smoking inside your car?

Please read

1. NO ONE IS ALLOWED TO SMOKE INSIDE YOUR CAR
2. SMOKING IS NOT ALLOWED IF CHILDREN ARE IN YOUR CAR
3. SMOKING IS PERMITTED ANYTIME INSIDE YOUR CAR
4. DON'T OWN A CAR
7. DON'T KNOW/NOT SURE
9. REFUSED

ME12Q10 In the past 12 months, have you asked someone to not smoke near you or around you?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

ME12Q11 During the past 7 days, that is, since last {today's day of the week}, on how many days did you ride in a vehicle where someone other than you was smoking tobacco?

___ NUMBER OF DAYS (01-07)

88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

07. MAX

CATI NOTE: ASK IF C08Q15 = 1 OR C08Q15 = 2

ME12Q12 Which of these best describes your place of work's smoking policy for indoor public common areas, such as lobbies, rest rooms and lunchrooms? Would you say smoking is...

Please read

1. NOT ALLOWED IN ANY PUBLIC AREAS
2. ALLOWED IN SOME PUBLIC AREAS
3. ALLOWED IN ALL PUBLIC AREAS
7. DON'T KNOW/NOT SURE
9. REFUSED

CATI NOTE: ASK IF C08Q15 = 1 OR C08Q15 = 2

ME12Q13 Which of these statements best describes your place of work's smoking policy for work areas? Would you say smoking is...

Please read

1. NOT ALLOWED IN ANY WORK AREA
2. ALLOWED IN SOME WORK AREAS
3. ALLOWED IN ALL WORK AREAS
7. DON'T KNOW/NOT SURE
9. REFUSED

CATI NOTE: ASK IF C08Q15 = 1 OR C08Q15 = 2

ME12Q14 Which of these statements best describes your place of work's smoking policy for vehicles? Would you say smoking is...

1. NOT ALLOWED IN ANY VEHICLE
2. ALLOWED IN SOME VEHICLES
3. ALLOWED IN ALL VEHICLES
4. MY WORK DOES NOT INVOLVE THE USE OF ANY VEHICLES AT ANY TIME
7. DON'T KNOW/NOT SURE
9. REFUSED

CATI NOTE: ASK IF C08Q15 = 1 OR C08Q15 = 2

ME12Q15 The next question is about exposure to secondhand smoke. Now I'm going to ask you about smoke you might have breathed at work because someone else was smoking indoors. During the past 7 days, that is, since last {Today's day of the week}, on how many days did you breath the smoke at your workplace from someone other than you who was smoking tobacco?

__ NUMBER OF DAYS (01-07)

88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

CATI NOTE: 07 MAX

State Added Section 13: Smoking Beliefs (Path 12 ONLY)

ME13Q01 When you go to convenience stores or gas stations in your community, how often do you see advertisements for cigarettes, chewing tobacco, or other tobacco products? Would you say...

Please read

1. FREQUENTLY
2. SOMETIMES
3. ALMOST NEVER
4. I DON'T GO TO CONVENIENCE STORES OR GAS STATIONS
7. DON'T KNOW/NOT SURE
9. REFUSED

CATI NOTE: ASK IF C08Q16 < 88

ME13Q02 Do you try to prevent the children in your household from using cigarettes or other tobacco products?

1. YES

2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

State Added Section 14: Environmental Health (Path 11 ONLY)

ME14Q01 Now I would like to ask some questions about well water. When I ask about using well water, I am asking about the water you currently use for drinking, cooking or bathing.

Do you get any of your water from a well?

1. YES
2. NO (**Go to ME14Q04**)
7. DON'T KNOW/NOT SURE (**Go to ME14Q04**)
9. REFUSED (**Go to ME14Q04**)

CATI NOTE: Ask If ME14Q01 = 1

ME14Q02 Have you ever had your current well water tested?

1. YES
2. NO (**Go to ME14Q04**)
7. DON'T KNOW/NOT SURE (**Go to ME14Q04**)
9. REFUSED (**Go to ME14Q04**)

CATI NOTE: Ask If ME14Q02 = 1

ME14Q03 Arsenic is not included in all water tests. Have you tested your well water for arsenic?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

ME14Q04 Testing household air for radon is not the same as testing your water for radon. Has your household air been tested for the presence of radon gas?

1. YES
2. NO (**Go to ME14Q07**)
7. DON'T KNOW/NOT SURE (**Go to ME14Q07**)
9. REFUSED (**Go to ME14Q07**)

CATI NOTE: Ask If ME14Q04 = 1

ME14Q05 Were the radon levels in your household above normal?

1. YES
2. NO (**Go to ME14Q07**)
7. DON'T KNOW/NOT SURE (**Go to ME14Q07**)
9. REFUSED (**Go to ME14Q07**)

ME14Q06 Have the radon levels been reduced or fixed?

1. YES
2. NO
7. DON'T KNOW/NOT SURE (**Go to ME14Q07**)
9. REFUSED (**Go to ME14Q07**)

ME14Q07 A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is different than a smoke detector. Some CO detectors are part of a combined alarm system that also includes a smoke detector.

Do you have a carbon monoxide detector in your home?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

State Added Section 15: Health Care Opinions (Path 11 ONLY)

ME15Q01 When you are sick or need advice about your health, to which one of the following places do you usually go? Would you say:

01. A DOCTORS OFFICE
02. A PUBLIC HEALTH CLINIC OR COMMUNITY HEALTH CENTER
03. A HOSPITAL OUTPATIENT DEPARTMENT
04. A HOSPITAL EMERGENCY ROOM
05. URGENT CARE CENTER
06. SOME OTHER KIND OF PLACE
77. DON'T KNOW/NOT SURE

State Added Section 16: Sexual Violence (Path 11 ONLY)

ME16Q01 Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues.

Are you in a safe place to answer these questions?

1. YES
2. NO (**Go to ME16END**)

CATI NOTE: ASK IF ME16Q01=1

ME16Q02 Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your {IF C08Q01 = 2, vagina}, anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

Has anyone **EVER** had sex with you or attempted to have sex with you after you said or showed that you didn't want them to or without your consent?

1. YES
2. NO (**Go to ME16Q04**)
7. DON'T KNOW/NOT SURE (**Go to ME16Q04**)
9. REFUSED (**Go to ME16Q04**)

CATI NOTE: ASK IF ME16Q02 = 1

ME16Q03 Has this happened in the past 12 months?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

CATI NOTE: ASK IF ME16Q01 = 1

ME16Q04 In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

CATI NOTE: ASK IF ME16Q01 = 1

ME16Q05 The next questions are about conflicts in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you dated would also be considered an intimate partner. In the past 12 months, have you experienced physical violence or had unwanted sex with a current or former intimate partner? Physical violence includes being hit, kicked, punched, choked or otherwise physically hurt.

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

CATI NOTE: ASK IF ME16Q01 = 1

ME16Q06 Have you EVER been frightened for your safety or the safety of your family or friends because of anger or threats by a current or former intimate partner?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

CATI NOTE: ASK IF ME16Q02 = 1

ME16Q07 We realize that these questions may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained advocate or would like more information about sexual violence, please call 1-800-871-7741. For domestic violence, please call 1-866-834-HELP (4357). Would you like me to repeat these numbers?

1. CONTINUE

State Added Section 17: Substance Abuse (Part 2) (Path 12 ONLY)

ME17Q01 In your lifetime, how many times have you gambled (bet) with money or possessions (i.e. casino, race track or online, lottery tickets or sporting events)?

1. 0 times (**Go to ME17END**)
2. 1-2 times
3. 3-9 times
4. 10-19 times
5. 20-39 times
6. 40 or more times
7. DON'T KNOW/NOT SURE (**Go to ME17END**)
9. REFUSED (**Go to ME17END**)

CATI NOTE: ASK IF ME17Q01 > 1 AND ME17Q02 < 7

ME17Q02 Has the money or time that you spent on gambling led to financial problems or problems in your family, work, school or personal life?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

Closing Statement

Please read:

That was my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation